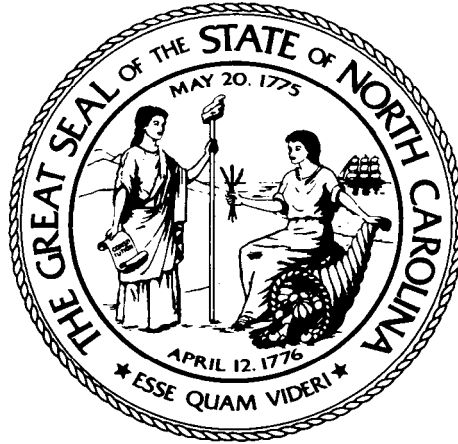


North Carolina Child and Family Leadership Council



July 2007 Report To The

Office of the Governor

Joint Appropriations Committees and Subcommittees on
Education

Joint Appropriations Committees and Subcommittees on
Justice and Public Safety

Joint Appropriations Committees and Subcommittees on
Health and Human Services

Fiscal Research Division of the Legislative Services Office

July 2007

June 30, 2007

Pursuant to Session Law 2005-276, Section 6.24, the North Carolina Child and Family Leadership Council submits its July 2007 Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

Executive Summary

"This program helped my son to succeed in school and at home. They gave me the tools I needed to get him back on track. Without this program my son would have been lost. This is a great program if not the best. Thank for all your hard work patience and understanding."

Anonymous survey comment from a parent

The School-based Child and Family Support Team Initiative (Initiative) is a state-funded initiative designed to meet the needs of at-risk students who are at-risk of school failure or out-of-home placement in publicly-funded Local Education Agencies (LEAs). Through the initiative, students who experience issues that negatively affect their capacity to succeed academically receive strengths-based, family-centered services in order to improve their academic achievement.

During the 2006-2007 school year, the 100 schools in the 21 Local Education Agencies (LEAs) participating in Governor Easley's School-based Child and Family Support Team Initiative (Initiative) have provided services to a multifarious group of North Carolina's students and their families. The 7805 students entered into the CFST case management system as of April 2007 were referred as needing services because of the considerable physical, social, legal, emotional, and developmental conditions they face in combination with the service challenges confronting their communities. A sampling of these issues include students experiencing English as a second language, excessive truancy and tardiness, aggressive behavior, gang involvement, frequent residence changes, health issues, mental illness, substance abuse, developmental delays, poverty, child abuse and neglect, pregnancy and parenting. Their communities report confronting service challenges such as high unemployment caused by the closing of local industry, a lack of public transportation services, a lack of health and/or emergency mental health/substance abuse services, a growing number of single-parent one-income families, a lack of low-income housing, a growing number of students living outside of their parents' homes, a growing number of immigrant families experiencing difficulty in various areas, and a lack of parental trust and involvement in the school system and other public agencies.

To date the Initiative has:

1. Fulfilled its legislative requirements by:
 - a. Designating the 101 schools and establishing the nurse/social worker teams.
 - b. Appointing 18 mental health care coordinators and 22 social services facilitators to support the teams.
 - c. Establishing local advisory committees in each school system to work with the Initiative.
 - d. Developing an evaluation process through Duke University's center for Child and Family policy.
 - e. Establishing the North Carolina Child and Family Leadership Council.

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July 2007 Report on the School-based Child and Family Support Team Initiative

2. Provided training to state and local stakeholders involved with the Initiative through the use of bi-monthly regional events and individual site visits
3. Providing individual strengths-based services to meet specific student and family needs.

This report summarizes the School-based Child and Family Support Team Initiative's authorizing legislation, the implementation process, and the progress made and goals achieved since the January 1, 2007 report. The intent of this semi-annual report is to examine the implementation of the CFST Initiative and whether it is meeting the desired goals. It will accomplish this by addressing three basic questions:

1. Is the CFST Initiative fulfilling its legislative requirements?
2. How are those involved with the CFST Initiative being trained?
3. Is the program delivering the coordinated services it was designed to provide to the students needing them the most?

This is the fourth such report prepared by the Child and Family Leadership Council, and fulfills its legislative mandate to submit a report by July 1, 2007.

LEGISLATIVE HISTORY

“When the meeting involved the nurse and social worker there was always a plan developed. They have been a blessing. My son has had a very difficult year which would have been worse if they weren't there. I fell like they were leaned upon too much by the school to fix everything. They can only fix certain things not everything which school personnel failed to understand. The things they couldn't fixed they tried their very best to help any which way they could.”

Anonymous survey comment from a parent

The CFST Initiative was authorized by the North Carolina General Assembly through the enactment of Session Law 2005-276, Senate Bill 622, “2005 Appropriations Act”. The legislation required the establishment of the Initiative for the purpose of identifying and coordinating appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The legislation required the Department of Health and Human Services (DHHS), the Department of Public Instruction (DPI), the State Board of Education (SBE), the Department of Juvenile Justice and Delinquency Prevention (DJJDP), the Administrative Office of the Courts (AOC), and other state agencies that provide services for children to share responsibility and accountability for improving outcomes for certain at-risk children and their families.

The legislation was approved August 13, 2005 and effective July 1, 2005. It provided \$11 million to support teams comprised of a school nurse and a school social worker. The Initiative was implemented based on the following principles:

- Development of a strong infrastructure of interagency collaboration;
- One child, one team, one plan;
- Individualized strengths-based care;
- Accountability;
- Cultural competence;
- Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- Services should be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- Services should be the most efficient in terms of cost and effectiveness and should be delivered in the most natural settings possible;
- Out-of-home placements for children should be as a last resort and should include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- Families and consumers must be involved in decision making throughout service planning, delivery, and monitoring.

Certain activities from publicly funded child serving agencies at both the local and state levels are required.

Local level responsibilities include:

- The establishment of the Initiative in designated schools;
- The appointment of school nurse and school social worker Child and Family Team Leaders who must identify and screen children who are potentially at risk of academic failure or out-of-home placement.
- The appointment of a Care Coordinator by any local management entity, and a Child and Family Teams Facilitator by any department of social services that has a selected school in its catchment area for the purpose of working with the selected schools in their catchment areas.
- Responsibility for developing, convening, and implementing the Child and Family Team Initiative is based on the screening results:
 - School personnel will take the lead role for children and their families whose primary unmet needs are related to academic achievement.
 - Local management entities will take the lead role for children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the established target population criteria.
 - Local departments of public health will take the lead role for those children and their families whose primary unmet needs are health-related.
 - Local departments of social services will take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.
 - Chief district court counselors will take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.
- A representative from each named or otherwise identified publicly supported children's agency must participate as a member of the Team as needed.
- Team members must coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.
- School-Based Child and Family Team Leaders are to provide data to the Council for inclusion in their report to the North Carolina General Assembly. That data will include:
 - The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
 - The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
 - The amount and source of funds expended to implement the Initiative;

- Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- Recommendations on needed improvements.
- The superintendent of each local LEA that has a participating school must either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative.
- The local advisory committee must include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee.
- The members of the Committee must meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

State level responsibilities include:

- The establishment of the North Carolina Child and Family Leadership Council (Council) located within the Department of Administration for organizational and budgetary purposes. This Council is Co-Chaired by the Superintendent of Public Instruction and the Secretary of Health and Human Services.
 - Ensure the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children.
 - Ensure Council membership including the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.
- Responsibilities are to include:
 - Signing an annual memorandum of agreement (MOA) among the named state agencies to define the purposes and goals of the program.
 - Resolving state policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
 - Directing the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
 - Establishing criteria for defining success in local programs and ensure appropriate outcomes.

- Developing an evaluation process, based on expected outcomes.
- Reviewing progress made on integrating policies and resources across State agencies.
- Reporting semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.
- Specific state Departments must collaborate in the development and implementation of the School-Based Child and Family Team Initiative as well as provide all required support to ensure that the Initiative is successful:
 - Secretary of the Department of Health and Human Services
 - Secretary of the Department of Juvenile Justice and Delinquency Prevention
 - Director of the Administrative Office of the Courts
 - Superintendent of Public Instruction

In the 2006 session of the General Assembly, the Initiative was strengthened through the allocation of recurring state funding in the June 30, 2006 “Joint Conference Committee Report on the Continuation, Expansion and Capital Budgets.” The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services received \$523,638.00 for the 15 local management entities having Initiative sites in their catchment areas to hire 18 care coordinators to work with Child and Family Teams. The Division of Social Services received \$420,804.00. Twelve (12) county Departments of Social Services (Anson, Bertie, Duplin, Greene, Halifax, Hoke, Hyde, McDowell, Martin, Nash, Pamlico and Vance) were allocated funding to hire facilitators to support the Initiative sites in their counties.

1: The CFST Initiative is fulfilling its legislative requirements.

"This service came along when my family needed it the most. The two ladies went above and beyond the call of duty to help my son (who has both Asperger's Autism and Bi-polar disorder), but also to introduce me to other resources which have been beneficial to myself and my other child as well. They helped me feel supported, respected, understood and also alleviated some of my feelings of isolation as a single parent of two special needs children who did not have a social support network. They have been a huge catalyst for major positive changes that have improved all 3 of our lives and I am so thankful for their services, concerns, and generosity through this difficult experience my family has had to go through. Thank you for beginning this program! There are many people who really need this, so hope it continues."

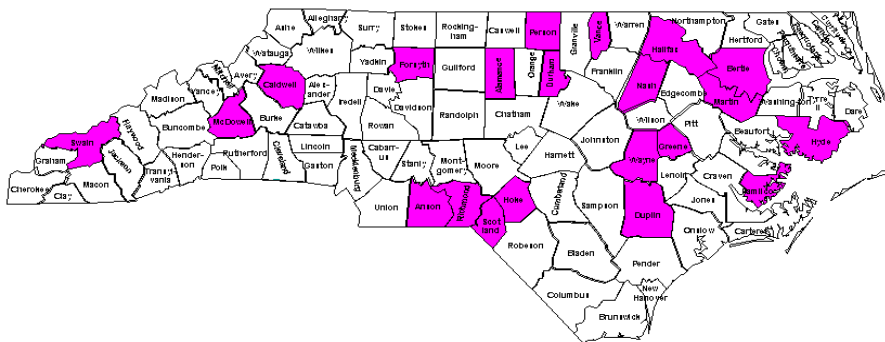
Anonymous survey comment from a parent

Legislated Responsibility #1: Establish the Initiative at designated schools and appoint the school nurses and school social workers Child and Family Team Leaders.

In January 2006, 21 pilot LEAs were selected to participate in the Initiative¹. Sites were selected based on the following criteria:

- Identified needs of children and families in selected schools;
- Demonstrated commitment of the school system and their health, mental health and social service partners to work together to address the needs of children and families
- Geographic diversity statewide; and
- Readiness to implement at the community and school level.

Each selected site had an average of five schools with school nurse/school social worker teams. The minimum number of Teams in an LEA was 2 (Hyde County Schools) with several LEAs having 6 or 7 Teams. The map below identifies the 21 selected LEAs.



¹ See Attachment B: “List of Selected Local Education Agencies and Schools” for the complete list.

The authorizing legislation required that the Initiative be established through the appointment of school nurse and school social worker CFST Leaders. The Department of Public Instruction required that the social workers be licensed as school social workers through DPI, and the nurses be nationally certified as school nurses. The funding provided \$51,000 per social worker and \$50,000 per nurse.

The LEAs begin hiring staff as early as March 2006, and began hiring in June 2006. In 19 LEAs (Alamance/Burlington, Anson, Bertie, Caldwell, Duplin, Winston-Salem/Forsyth, Greene, Halifax, Hoke, Hyde, Martin, McDowell, Nash/Rocky Mount, Pamlico, Person, Richmond, Scotland, Swain, and Vance) all nurses and social workers are employees of the LEAs. In Wayne Public Schools, the social workers are employees of the LEA, and the nurses are provided through a contract with Wayne Memorial Hospital. In Durham Public Schools, the social workers are provided through a contract with the Durham County Department of Social Services and the nurses through a contract with the Durham County Health Department. The LEAs reported they were fully staffed and operational by the start of the 2006-2007 traditional school year.

Since that time the school systems have been able to retain most of the CFST funded staff members although some have experienced normal levels of turnover. Currently, the LEAs report that there are 8 nurse and 2 social worker vacancies out of a total of 200 positions. This represents a 92% retention rate for nurses and a 98% rate for social workers. The CFST Program Coordinator has surveyed the 21 LEAs regarding turnover they expect to sustain prior to the next school year. Eleven of the 21 LEAs (Caldwell, Durham, Hoke, Hyde, Martin, Nash/Rocky Mount, Person, Richmond, Scotland, Swain, and Wayne) have responded and reported that 4 nurses and 2 social workers have announced plans to resign their positions after the end of this school year, thus requiring them to recruit new staff. The responding LEAs report that they do not anticipate facing any significant barriers to recruiting and hiring staff prior to the beginning of the next school year.

Two LEAs in particular have struggled to recruit and retain staff. The affected LEAs are Bertie County Public Schools and Hyde County Public Schools. These two agencies state the cause of their inability to recruit and retain staff lays in one or both of two areas: 1) the lack of local funds necessary to supplement state CFST allocations requiring them to offer low salaries that cannot compete with pay packages offered by hospitals and other agencies, and/or 2) the lack of qualified applicants willing to move into their communities.

Staff members from the CFST Initiative as well as the NC Division of Public Health's Children and Youth Branch have consulted with both of these agencies to assist them in filling these critical vacancies. Options are under consideration as to how the state might support these sites in resolving their recruitment issues.

Legislated Responsibility #2: *Appoint a Care Coordinator from each local management entity, and a Child and Family Teams Facilitator from each department of social services that has a selected school in its catchment area.*

This was accomplished through the efforts of management from the Division of Social Services (DSS) and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services working in collaboration with their county departments of social services and local management entities (LME). In each agency these appointments were members of their existing staff who had responsibilities in their agencies, in addition to those of the Initiative.

The June 30, 2006 “Joint Conference Committee Report on the Continuation, Expansion and Capital Budgets” allocated recurring state funds to establish these positions in the LMEs and DSSs. The funding has been allocated to the local LME and DSS agencies, positions posted and most of the staff members have been hired. These appointments strengthened already established, effective local infrastructures of education, health and human services resources in the community.

Legislated Responsibility #3: *Identify an existing cross agency collaborative or council, or form a new group, to serve as a local advisory committee to work with the Initiative.*

Each LEA has created its committee and it is functioning as required by statute. Most of the sites utilize committees they already had in existence. The CFST Local Advisory Committees most frequently are also their legislatively required School Health Advisory Committees (SHACs). Others created planning and advisory committees to collaborate in applying for the Initiative, and left them intact and functioning once selected. At least one LEA (Durham) is using its existing System of Care Steering Committee to fulfill this function.

The CFST Program Coordinator has surveyed the 21 LEAs concerning their Local Advisory Committees. All 21 LEAs responded and reported concerning the following:

- Completion of Memorandum of Agreements (MOA):
 - 17 report completed MOAs
 - 4 report no MOA (All 4 have completed the document but are in the process of gathering signatures.)
- Frequency of meetings (legislation requires they meet “as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.”):
 - 5 meet monthly
 - 2 meet every other month
 - 12 meet quarterly
 - 1 meets every 6 months
 - 1 meets annually

The LEAs are required to submit copies of their Local Advisory Committee agendas and minutes, as well as their MOAs for the CFST Program Coordinator to verify their reported information and assure legislative compliance.

Legislated Responsibility #4: *Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.*

Through a contractual arrangement, Duke University's Center for Child and Family Policy (CCFP) is conducting the evaluation required by legislation. The CCFP has developed an evaluation and implementation process in partnership with the Department of Health and Human Services, the Department of Public Instruction, and the Local Education Agencies that focuses on the implementation of the Initiative at the state and local levels. The plan for evaluation follows the participatory action research model, involving all relevant stakeholders in actively collaborating and examining current action in order to evaluate outcomes. This evaluation is designed to address the specific issues identified by State and local staff and practitioners, and apply the results directly to the identified problems at hand. This includes design, methods, implementation forms, periodic review and feedback, and a final report. It uses the information and learning obtained throughout this project to create an environment of continuous learning, address the underlying systemic issues that effect the outcomes for children, families, and community agencies; and provide the impetus and knowledge to make necessary system change.

The evaluation involves tracking many outcomes from various sources of data. It measures outcomes at the child, school and system level. Questions and issues that the evaluation addresses include the following:

- A description of the youth who are served by Child and Family Teams (grade, gender, referring problem, services received).
- A comparison of educational outcomes for schools in the Child and Family Support Team Initiative and comparison schools that are not part of the Initiative.
- An examination of changes in educational outcomes and out-of-home placements for youth before and after they entered the Child and Family Support Team Initiative.
- An examination of the effects of the program on a) student's access to health care, mental health care and social services; b) student, teacher, parent, school administrator, local agency perceptions of the CFST process; and c) interagency collaboration in the community.

A description of the outcomes by source of data is below, and also discusses the work that is involved with using each data source.

- Administrative Data from North Carolina Education Data Center The North Carolina Education Data includes information on all North Carolina public school

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students, grades 3 through 12. This data will provide information on the following outcomes.

- End of Grade Exams: End of Grade exams are given in reading and math in grades 3 through 8 and available for all students. Data include records for students who are absent or exempt from the test for various reasons. If a student took a retest, either because they failed it initially or for some other reason, such information is included in a separate student record within the file.
- Number of days not in violation (similar to school absences): School attendance is not always complete in the dataset provided by the Department of Public Instruction. Instead, a measure that is sometimes used is in “Number of school days not in violation of the 10-day rule.” Students with 10 or more consecutive unexcused absences are in violation of the 10-day rule.
- Grade Retention: DPI does not provide information about whether students are retained in grade. However, because student data can be linked across years, the evaluation will be able to determine whether a student is enrolled in the same grade across successive years. Thus, it will provide information pertaining to grade retention, and whether this varies according to participation in the Child and Family Support Team Initiative.
- School Drop Out: The ability to identify youth who drop out of school is somewhat limited because individuals who are not in the dataset may have enrolled in a private or parochial school, moved out of state or dropped out.
- Offenses and Consequences: Beginning in the 2000-01 school year, NC Department of Public Instruction required schools to report students who committed infractions leading to out-of-school suspension, referral to an Alternative Learning Program or expulsion and any infraction that must be reported to the police (such as drug possession) regardless of outcome. These data include records of the type of offense committed and the school’s response to that offense.
- Administrative Data from the Departments of Social Services and Departments of Juvenile Justice and Delinquency Prevention: Data from the Department of Social Services and Juvenile Justice and Delinquency Prevention can provide information on out-of-home placement, the reason for placement, length of stay, and prior experience in the system. These datasets do not include information on which school the youth attended. However, they do contain the youth’s name, birth date and gender. Using these characteristics, Duke may be able to link information from the North Carolina Education Data Center to the data contained in these sources. The value of this combined dataset is evidenced by the fact that it represents the only source of information on out-of-home placements for youth who are not served by Child and Family Support Teams.

- Survey Data

For certain outcomes of interest participants will be questioned directly through a short survey. The following groups of individuals will be surveyed on the topics listed below:

- Students who are involved in a CFST: A sample of middle and high school students who participate in CFSTs will be asked about their perceptions of the Child and Family Support Team. Students will be asked whether they felt as though being part of a Child and Family Support Team helped them achieve their goals. Also, these students will be asked what the important component of the program was to them, and what additional services might have been helpful.
- Parents who participated in a CFST: A sample of parents from all schools in the Initiative whose child was referred to a Child and Family Team will be surveyed to learn their perceptions of the program, how involved they felt in decisions regarding care for their child and what if anything could have made involvement in the Child and Family Support Team process better.
- Principals and other school officials: All of the top school administrators (principals) will be surveyed to learn their perceptions of the program and how it has affected them, their school, and the students served by it.
- Social Workers and Nurses: All of the social workers and nurses will be surveyed as the primary source of information regarding the number of students who are referred to the child and family support team, how these students are served, and their progress through the system. Information on the social workers' and nurses' thoughts regarding their perceptions of the program effectiveness will also be collected.
- Community Agencies: Key personnel at community agencies in each of the 21 participating Local Education Agency's catchment areas will be surveyed. The evaluation will ask about their perceptions about whether interagency collaboration has increased and resulted in better care coordination on behalf of the youth.

Legislated Responsibility #5: Establish the North Carolina Child and Family Leadership Council (Council)

As stated in the previous reports, the Council has been established according to the legislative requirement for the purpose of advising the Governor in the development of the Child and Family Support Team Initiative and to ensuring the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success of participating students. The Council is co-chaired by the Superintendent of Public Instruction and the Secretary of the Department of Health and Human Services, with

membership drawn from the highest levels of state agencies that address the educational, health and human services needs of children.

2: All staff involved with the CFST Initiative are well trained.

"I would like to personally thank Ms. M because I think at the time she entered our family's life, she actually saved my life and helped me get on track. Her consistency towards my child's attendance, made me look at life in a different way. She made me realize I did have a reason to live, my children, at the time when I was so depressed, I couldn't even find a reason to get out of bed everyday. Thank You!"

Anonymous survey comment from a parent

CFST-specific training has been provided by the Program Coordinator. These training sessions began in June 2006 and will continue throughout the existence of the Initiative.

The training since January 1, 2007 specifically targeted the programmatic needs of the CFST Leader nurses, social workers, LME care coordinators, DSS facilitators, DJJDP Chief Court Counselors, and staff members from local Departments of Public Health. Participants have also included LEA central office staff and other significant LEA contacts. It was required training for the CFST nurses and social workers and delivered regionally 5 different times a month in January, March, and May. The regional training sites included Beaufort (hosted by Hyde County), Richmond, Forsyth, Caldwell, and Wayne Counties. Approximately 800 people received training during these sessions. Topics included:

1. CFST evaluation and the use of the web based case management system,
2. LME and DSS connections to the Initiative,
3. Coordinated school health,
4. Effective partnerships and evidence based practices to promote mental health, early intervention and referral for treatment, especially with those youth who are at risk of or abusing substances.

The regional meetings have also provided opportunities for participants to be updated on issues relevant to the Initiative, and share their experience in working with families.

The CFST Program Coordinator employed a web based survey tool to ascertain the effectiveness of these regional training sessions, as well as seek input on how they may be improved in the future. Respondents reported that:

1. 81% were very satisfied or satisfied with their opportunities to network with others.
2. 74% were very satisfied or satisfied with their opportunities to participate in open discussion.

3. 69% were very satisfied or satisfied with how well the information enhanced their effectiveness.
4. 76 % said that the meetings accomplished what they expected and needed.

As these meetings included professionals from various child serving agencies and disciplines at various levels of involvement and experience with the CFST these results seem to indicate that the regional meetings are effectively accomplishing what they are intended to do. As such they will remain a core component of the Initiative in the future.

Recommendations (in no certain order) for improvement include issues such as:

1. Allow Duke more time to be more detailed in their delivery of information.
2. Have more meetings, more frequently, with fewer people.
3. Have fewer meetings to limit travel and time away from the local work.
4. Keeping meetings focused so they do not become “gripe sessions” for some.
5. Encourage or requiring the attendance of other stake holders (principals, DSS, LME, and DJJDP staff).
6. Provide more networking time.

While these meetings have proven very effective, they will present a continued challenge for planning in the upcoming months. This is due to the fact that the various levels of individual staff experience and practice will become more evident and impacting as implementation continues, thus requiring a system of support for each level, from each discipline.

The CFST Program Coordinator conducted a second round of site visits to each of the 21 LEAs since the beginning of January 2007. The purpose of the visits was to systematically and individually assess each LEA as it continued to implement the Initiative. Issues handled during these visits included assuring that all local stakeholders were aware of the purpose and goals of the Initiative, as well as how issues involving coordination among agencies. The Program Coordinator either conducted individual interviews or focus groups with superintendents, principals, CFST nurses and social workers, as well as LEA central office staff and community partners. These visits allowed local staff members the opportunity to ask questions of the Program Coordinator.

Specific observations included:

- Communication at every level must be clear, concise and consistent
 - From state level staff in various agencies to contacts in their connected local agencies,
 - In local systems across child serving agencies (sharing information between agencies and understanding confidentiality),
 - In local system, with families and their children and youth who are school students.

- From the central office contacts to the individual schools (disseminating information from CFST state staff), and
- Between staff members in different parts of individual schools (informing appropriate people about what is going on in the CFST or with specific students).
- Principals are not presenting as barriers to CFST practice as it was reported they did in the beginning of the school year.
 - The previous barriers seemed to be based upon misunderstanding of the traditional student support roles (nurses and social workers) in schools.
- Every CFST site is absorbing additional expenses for the Initiative in their local budgets
 - This is evidenced in the amount of local (“in kind”) funds required to cover staff salaries over the CFST allotments and travel connected to CFST training and meetings as well as to meet the needs of students and families in the local communities.
 - One superintendent stated that the level funding for the initiative was inadequate and he believed it placed such a burden on the local budget that it would cause the initiative to fail. Other superintendents cited funding was an issue but did not describe it as being a substantial one.
- The LEAs desire flexibility to re-allocate CFST staff resources within their school systems to select a school not selected last year because:
 - They report that “knowing what they do now” the Initiative would work better somewhere else.
 - Establish a more effective feeder pattern.
 - Meet the needs of more at-risk children.
 - They desire the use of an “attention getter” if a principal fails to support CFST at an appropriate level.
- Some LEAs have limited organizational capacity to evaluate staff performance as they have no performance management tools or history of using them.
 - LEAs that have had tools have had to revise them to appropriately assess CFST related staff performance
 - As a result, there have been requests for the Initiative to develop tools for them to use in this regard.

3: The program delivering the coordinated services was designed to be provide to the students needing them the most.

"I don't know what or where to have turned with out this. CS has helped us mentally-emotionally-physically. This all has been so overwhelming and she helped me through. Thanks you so much, she gave me hope and encouragement. I'll never forget this. And we had a special changed situation with our daughter. And every need there was an answer. Please make sure the program stays in our school. Our daughter even realized some strength in herself. I thank you from my heart for everything. P.S. If I can ever speak or do anything I will, Voices go along way." Anonymous survey comment from a parent

As stated in the Executive Summary of this document, the Initiative has provided services to children across the 21 school systems. This is illustrated by information concerning the 7805² students who were entered into the CFST case management system created and managed by the Center for Child and Family Policy. The demographic and other information concerning the 7805 students in the system as of April 2007 is included in the tables below.

Table 1: Students by Race and Gender				
	Female		Male	
	Number	%*	Number	%*
African American	1696	21.7%	2153	27.6%
Asian	14	0.2%	23	0.3%
More than one	57	0.7%	71	0.9%
Native American/Pacific Islander	112	1.4%	143	1.8%
Other	282	3.6%	358	4.6%
White	1277	16.4%	1406	18.0%
Total	3438		4154	
Missing Race or Gender	213	2.7%		
* % of total # of students of same gender				

Table 2: Students by Hispanic Ethnicity		
Hispanic Ethnicity	Number	% of Total Students
Ethnicity Missing	363	4.7%
Hispanic	960	12.3%
Non-Hispanic	6482	83.0%
Total	7805	

² It should be noted that the case management system was not available for data entry until late October 2006. It was also initiated incrementally with the last form (concerning out-of-home placements) being placed on-line in May 2007. This required that the nurse/social worker team members enter the data retroactively, and therefore making the 7805 number a product of under-reporting. It is expected to be much greater once all data has been made entered into the case management system.

Table 3: Students By Grade		
Grade	Number	%
pre-K	68	0.87%
K	593	7.60%
1st	633	8.11%
2nd	592	7.58%
3rd	640	8.20%
4th	629	8.06%
5th	551	7.06%
6th	797	10.21%
7th	819	10.49%
8th	813	10.42%
9th	694	8.89%
10th	357	4.57%
11th	291	3.73%
12th	208	2.66%
Missing	120	1.54%
Total	7805	100%

Table 4: Student Exceptional Education Status		
	Number	%
ECC Status missing	1667	21.36%
Autistic	29	0.37%
Behaviorally emotionally handicapped	224	2.87%
Deaf-blind	2	0.03%
Developmentally Delayed	108	1.38%
Educable mentally handicapped	248	3.18%
Gifted	59	0.76%
Hearing Impaired	27	0.35%
Multi-handicapped	30	0.38%
Not in Special Education	4735	60.67%
Orthopedically impaired	13	0.17%
Other Health Impaired	233	2.99%
Severe-profound mentally disabled	19	0.24%
Specific learning disabled	263	3.37%
Speech-language impaired	89	1.14%
Trainable mentally handicapped	26	0.33%
Traumatic Brain Injured	4	0.05%
Visually Impaired	29	0.37%
Total	7805	100%

The case management system also collects information concerning the reasons why students are referred to the Initiative. A review of the information shows that the people making the referrals identified the reasons as related to academic problems in 4,829 times, attendance problems 3-876 times, social problems 5,524 times, and health and

human services related problems 8,256 times. Table 5 illustrates the specific referral reasons in each of the categories outlined above and reflects a duplicated count for the number of reasons a child was referred:

Table 5: Student Referral Reasons Note: Students may have more than one reason for referral. This table reflects duplicated count.	#	% of Total
Academic Problems	4829	61.9%
English As 2nd Language	206	2.6%
End of Grade/Class Test Scores Less than 3	640	8.2%
Exceptional Children Status	867	11.1%
Failed 2 Or More Subjects (Recent Semester)	886	11.4%
Retained One or More Years	1050	13.5%
SAT/CSI Referred	642	8.2%
Sudden Drop In Grades	538	6.9%
Attendance Related	3876	49.7%
Excessive Absences	1964	25.2%
Excessive Tardiness	662	8.5%
Leaves Early	264	3.4%
Skips Class	258	3.3%
Suspensions	728	9.3%
Social Interactions	5524	70.8%
Aggressive Behavior	914	11.7%
Delinquent Activities	381	4.9%
Gang Involvement	133	1.7%
Inappropriate Behavior	1562	20.0%
Socially Awkward	906	11.6%
Suspended For Disciplinary Reasons	956	12.2%
Victim Of Bullying	187	2.4%
Withdrawn Change In Behavior	485	6.2%
Health and Human Service Needs	8256	105.8%
Developmental Issues	417	5.3%
DSS Related Referral	503	6.4%
Frequent Moves	500	6.4%
Health Concerns	2476	31.7%
History Of Abuse	609	7.8%
Legal Issues	396	5.1%
Low Income	1327	17.0%
Mental Health Concerns	1386	17.8%
Pregnant/Parent	208	2.7%
Sibling Drop Out	166	2.1%
Suspected Substance Abuse	268	3.4%

Since the Initiative and its capacity to collect and analyze data is new (the 2006-2007 school year being the first of full Initiative implementation), the information that is currently available is limited in its scope and content. Information concerning other data sets (such as primary unmet needs, lead agency counts, who has attended CFST meetings, barriers to care, specific interventions and services provided and other research based outcomes of the Initiative will be fully available as soon as the information can be collected and analyzed by the Duke evaluation team. This is directly due to two conditions outside of the control of the CFST Initiative staff and evaluation team. These facts are: 1) the 2006-2007 year school session has recently concluded and therefore the related end of year data has not yet been reported to DPI, and 2) the data available to support the success of the Initiative such as out of home placements, out of county placements, grades, end of grade testing, attendance, suspensions, expulsions, etc. will not be available until it is reported to the appropriate agencies (Division of Social Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Public Instruction, Department of Juvenile Justice and Delinquency Prevention), and the evaluation team from Duke University has had the opportunity to evaluate all information through the CFST Case Management System, use propensity scoring techniques to create a control group, and compare them with children who received services through the CFST Initiative.

The data contained in future legislative reports will include, at a minimum:

1. A description of how the Initiative was implemented in the twenty-one local education agencies.
2. A description of how the evaluation was designed and executed.
3. Summary of the findings of each data source:
 - a. School attendance
 - b. End of year test scores
 - c. Office disciplinary referrals
 - d. Days suspended
 - e. Out-of-home placement outcomes and placements in foster care
 - f. Commitments to a DJJDP Youth Development Center or detention center
 - g. Complete results from surveys of students, parents, school administrators, CFST Leader nurses and social workers, and other community partners (DSS, LME, DJJDP, and DPH staff members).
 - h. Results from the evaluation
 - i. Recommendations for improving the project or the evaluation effort based upon the results of the study as well as lessons learned throughout the project.

Duke University's evaluation has illustrated the effectiveness of the CFST through some of the "success stories" provided by the teams as part of an evaluation survey. Some of those stories are below:

“We had one student whose family (mother, 1 brother, and 1 sister) was about to be evicted from housing. Mom became unemployed, speaks no English, and had no transportation. The student was involved in a gang, had a complaint against her sent to juvenile justice for breaking and entering, and was failing all of her classes. We called a meeting with DSS, Juvenile Justice, school teams (Student Assistance Team and CFST) to address all of the family and student needs. As a result of that interagency collaboration the family was able to receive more money for food stamps each month, received lowered rent due to the loss of job, and the student was tested for reading comprehension and now has modifications and is passing her classes. We also got the two girls in the family glasses, and the complaint from juvenile justice was dropped. The family is doing much better. They are making ends meet and not struggling as much financially. The student is now passing classes and surrounding herself with kids who are a good influence on her. She has not had a discipline referral since January.”

“A self-referred freshman male EC (exceptional child) student presents with history of bipolar disorder, school anxiety, and depression. He has numerous somatic complaints throughout the school year which warrant 17 drop-in visits with the CFST nurse. Parents are divorced with a non-amicable relationship; student floats each week alternating between both parents’ homes. The family has a history of suicide and depression. Recently, the student disclosed he had been a victim of bullying. Through the CFST initiative, mom was able to obtain immediate contact with our LME for a one on one community support person to assist this student during the school day to counteract ongoing bullying, depression and anti-social behavior. This intervention prevented an out of school suspension, created a healthier and safer learning environment within the EC Department, and facilitated an opportunity for academic recovery of three credits. Our Administration and EC Department witnessed the benefit of immediate access to mental health support through the CFST initiative, as well as the benefit of early referral to CFST team.”

“A fourth grade girl and her parents were living without basic necessities like heat, and she was so worried about her situation at home that she was failing her in most of her subjects. With the help of DSS we helped her family find jobs and improve their situation. The girl’s grades have gone up and she missed making the honor roll this semester by only 1 point. She also received the most improved in her class award.”

“We had a parent that was in an abusive marriage. We learned of the domestic violence from one of her children here at school. She didn't have any money or anywhere to go. We have raised money to keep her at a motel for a while and met with her at DSS to get child care for her children, so she can work in the afternoon. She hadn't left because her family is in another state and she wants to stay here until the end of the school year. When school gets out, she will be moving to a relative's house in another state. But, it was a success just finding somewhere for her to go until the end of the school year.”

SUMMARY

The Initiative was authorized by legislation and supported by funding in the 2005 session of the General Assembly. LEAs were authorized to hire staff in March of 2006 and completed that process in August of the same year. Most LEAs did not begin accepting referrals until after their nurses and social workers were all hired and received training provided by the Program Coordinator. The LME and DSS agencies have provided adequate support through their appointed care coordinators and facilitators, but have not yet been able to hire all of the newly funded positions. LEAs have convened their local advisory committees and are revising their original memorandums of agreement to capture issues experienced through implementation, or capture the collaboration and participation of new members. The evaluation contract with Duke University's Center for Child and Family Policy was effective May 2006 and since that time an evaluation plan was finalized, case management forms developed and training provided on their use, a web page was created that includes the capacity to post messages on a list serve, search frequently asked questions, track Initiative activities through a calendar system, and access the web based data collection and case management system (which was activated October 2006).

Even though the CFST is in its beginning stages of implementation, its impact has already been seen in the local LEAs, schools, students and families. Students in these 101 schools are being identified by teams of school social workers and school nurses, individual students and their families are being engaged in strengths-based holistic assessments, and services are being provided through the collaborative efforts of all child serving state agencies partnering with families.

As a result, the purpose of this Initiative is being fulfilled and is accomplishing its goals of creating a student support system based upon the following principles:

- The development of a strong infrastructure for interagency collaboration;
- One child, one team, one plan;
- Individualized strengths-based care;
- Accountability;
- Cultural competence;
- Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- Services must be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- Services must be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- Out-of-home placements for children must be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- Families and consumers must be involved in decision making throughout service planning, delivery, and monitoring.

ATTACHMENTS

- A. Legislation Enacting the School Based Child and Family Support Team Initiative
from 2005 General Assembly Session
- B. List of Selected Local Education Agencies and Schools

COLLABORATION AMONG DEPARTMENTS OF ADMINISTRATION, HEALTH AND HUMAN SERVICES, JUVENILE JUSTICE AND DELINQUENCY PREVENTION, AND PUBLIC INSTRUCTION ON SCHOOL-BASED CHILD AND FAMILY TEAM INITIATIVE

SECTION 6.24.(a) School-Based Child and Family Team Initiative established.

(1) Purpose and duties. – There is established the School-Based Child and Family Team Initiative. The purpose of the Initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure or out-of-home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance. The Department of Health and Human Services, the Department of Public Instruction, the State Board of Education, the Department of Juvenile Justice and Delinquency Prevention, the Administrative Office of the Courts, and other State agencies that provide services for children shall share responsibility and accountability to improve outcomes for these children and their families. The Initiative shall be based on the following principles:

- a. The development of a strong infrastructure of interagency collaboration;
- b. One child, one team, one plan;
- c. Individualized strengths-based care;
- d. Accountability;
- e. Cultural competence;
- f. Children at risk of school failure or out-of-home placement may enter the system through any participating agency;
- g. Services shall be specified, delivered, and monitored through a unified Child and Family Plan that is outcome-oriented and evaluation-based;
- h. Services shall be the most efficient in terms of cost and effectiveness and shall be delivered in the most natural settings possible;
- i. Out-of-home placements for children shall be a last resort and shall include concrete plans to bring the children back to a stable, permanent home, their schools, and their community; and
- j. Families and consumers shall be involved in decision making throughout service planning, delivery, and monitoring.

(2) Program goals and services. – In order to ensure that children receiving services are appropriately served, the affected State and local agencies shall:

- a. Increase capacity in the school setting to address the academic, health, mental health, social, and legal needs of children.
- b. Ensure that children receiving services are screened initially to identify needs and assessed periodically to determine progress and sustained improvement in educational, health, safety, behavioral, and social outcomes.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

- c. Develop uniform screening mechanisms and a set of outcomes that are shared across affected agencies to measure children's progress in home, school, and community settings.
- d. Promote practices that are known to be effective based upon research or national best practice standards.
- e. Review services provided across affected State agencies to ensure that children's needs are met.
- f. Eliminate cost shifting and facilitate cost-sharing among governmental agencies with respect to service development, service delivery, and monitoring for participating children and their families.
- g. Participate in a local memorandum of agreement signed annually by the participating superintendent of the local LEA, directors of the county departments of social services and health, director of the local management entity, the chief district court judge, and the chief district court counselor.

(3) Local level responsibilities. – In coordination with the North Carolina Child and Family Leadership Council (Council), the local board of education shall establish the School-Based Child and Family Team Initiative (Initiative) at designated schools and shall appoint the Child and Family Team Leaders who shall be a school nurse and a school social worker. Each local management entity that has any selected schools in its catchment area shall appoint a Care Coordinator, and any department of social services that has a selected school in its catchment area shall appoint a Child and Family Teams Facilitator. The Care Coordinators and Child and Family Team Facilitators shall have as their sole responsibility working with the selected schools in their catchment areas and shall provide training to school-based personnel, as required. The Child and Family Team Leaders shall identify and screen children who are potentially at risk of academic failure or out-of-home placement due to physical, social, legal, emotional, or developmental factors. Based on the screening results, responsibility for developing, convening, and implementing the Child and Family Team Initiative is as follows:

- a. School personnel shall take the lead role for those children and their families whose primary unmet needs are related to academic achievement.
- b. The local management entity shall take the lead role for those children and their families whose primary unmet needs are related to mental health, substance abuse, or developmental disabilities and who meet the criteria for the target population established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- c. The local department of public health shall take the lead role for those children and their families whose primary unmet needs are health-related.
- d. Local departments of social services shall take the lead for those children and their families whose primary unmet needs are related to child welfare, abuse, or neglect.
- e. The chief district court counselor shall take the lead for those children and their families whose primary unmet needs are related to juvenile justice issues.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

A representative from each named or otherwise identified publicly supported children's agency shall participate as a member of the Team as needed. Team members shall coordinate, monitor, and assure the successful implementation of a unified Child and Family Plan.

(4) Reporting requirements. – School-Based Child and Family Team Leaders shall provide data to the Council for inclusion in their report to the North Carolina General Assembly. The report shall include the following:

- a. The number of and other demographic information on children screened and assigned to a team and a description of the services needed by and provided to these children;
- b. The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
- c. The amount and source of funds expended to implement the Initiative;
- d. Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- e. Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- f. Recommendations on needed improvements.

(5) Local advisory committee. – In each county with a participating school, the superintendent of the local LEA shall either identify an existing cross agency collaborative or council, or shall form a new group, to serve as a local advisory committee to work with the Initiative. Newly formed committees shall be chaired by the superintendent and one other member of the committee to be elected by the committee. The local advisory committee shall include the directors of the county departments of social services and health, the directors of the local management entity, the chief district court judge, the chief district court counselor, and representatives of other agencies providing services to children, as designated by the Committee. The members of the Committee shall meet as needed to monitor and support the successful implementation of the School-Based Child and Family Team Initiative.

The Local Child and Family Team Advisory Committee may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(b) North Carolina Child and Family Leadership Council. –

(1) Leadership Council established; location. – There is established the North Carolina Child and Family Leadership Council (Council). The Council shall be located within the Department of Administration for organizational and budgetary purposes.

Attachment A: Legislation Enacting the Program from 2005 General Assembly Session (SENATE BILL 622)

(2) Purpose. – The purpose of the Council is to review and advise the Governor in the development of the School-Based Child and Family Team Initiative and to ensure the active participation and collaboration in the Initiative by all State agencies and their local counterparts providing services to children in participating counties in order to increase the academic success and reduce out-of-home and out-of-county placements of children at risk of academic failure.

(3) Membership. – The Superintendent of Public Instruction and the Secretary of Health and Human Services shall serve as cochairs of the Council. Council membership shall include the Secretary of the Department of Juvenile Justice and Delinquency Prevention, the Chairman of the State Board of Education, the Director of the Administrative Office of the Courts, and other members as appointed by the Governor.

(4) The Council shall:

- a. Sign an annual memorandum of agreement (MOA) among the named State agencies to define the purposes of the program and to ensure that program goals are accomplished.
- b. Resolve State policy issues, as identified at the local level, which interfere with effective implementation of the School-Based Child and Family Team Initiative.
- c. Direct the integration of resources, as needed, to meet goals and ensure that the Initiative promotes the most effective and efficient use of resources and eliminates duplication of effort.
- d. Establish criteria for defining success in local programs and ensure appropriate outcomes.
- e. Develop an evaluation process, based on expected outcomes, to ensure the goals and objectives of this Initiative are achieved.
- f. Review progress made on integrating policies and resources across State agencies, reaching expected outcomes, and accomplishing other goals.
- g. Report semiannually, on January 1 and July 1, on progress made and goals achieved to the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.

The Council may designate existing cross agency collaboratives or councils as working groups or to provide assistance in accomplishing established goals.

SECTION 6.24.(c) Department of Health and Human Services. – The Secretary of the Department of Health and Human Services shall ensure that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(d) Department of Juvenile Justice and Delinquency Prevention. – The Secretary of the Department of Juvenile Justice and Delinquency Prevention shall ensure

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that all agencies within the Department collaborate in the development and implementation of the School-Based Child and Family Team Initiative and provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(e) Administrative Office of the Courts. – The Director of the Administrative Office of the Courts shall ensure that the Office collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

SECTION 6.24.(f) Department of Public Instruction. – The Superintendent of Public Instruction shall ensure that the Department collaborates in the development and implementation of the School-Based Child and Family Team Initiative and shall provide all required support to ensure that the Initiative is successful.

Attachment B: List of Selected Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Alamance	<ul style="list-style-type: none"> • Cummings High • Broadview Middle • Andrews Elementary • Eastlawn Elementary • Harvey Newlin Elementary • Graham High • Graham Middle 	Anson	<ul style="list-style-type: none"> • Anson High • Anson Middle • Morven Elementary • Wadesboro Elementary • Wadesboro Primary
Bertie	<ul style="list-style-type: none"> • West Bertie Elementary • Windsor Elementary • Southwestern Middle • C.G. White Middle 	Caldwell	<ul style="list-style-type: none"> • Whitnel Elementary • West Lenoir Elementary • Gamewell Elementary • Gamewell Middle • West Caldwell High
Duplin	<ul style="list-style-type: none"> • James Kenan High • Rose Hill-Magnolia Elementary • Warsaw Elementary • Charity Middle • E.E. Smith Middle • Warsaw Middle 	Durham	<ul style="list-style-type: none"> • Bethesda Elementary • Neal Middle • Southern High • Eastway Elementary • Y.E. Smith Elementary • Lowe's Grove Middle • Hillside High

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LEAs and Schools		LEAs and Schools	
Forsyth	<ul style="list-style-type: none"> • Konnoak Elementary • Philo Middle • Parkland High • Ibrahim Elementary • Middle Fork Elementary • Walkertown Middle • Carver High 	Greene (All schools in the county)	<ul style="list-style-type: none"> • Greene Central High • Greene County Middle • Snow Hill Primary • West Greene Elementary
Halifax	<ul style="list-style-type: none"> • Northwest Halifax High • Southeast Halifax High • William R. Davie Middle • Enfield Middle 	Hoke	<ul style="list-style-type: none"> • South Hoke Elementary • West Hoke Elementary • West Hoke Middle • Hoke County High
Hyde (2 teams for 3 campuses)	<ul style="list-style-type: none"> • Mattamuskeet Elementary • Mattamuskeet Middle • Mattamuskeet High 	Martin	<ul style="list-style-type: none"> • E J Hayes Elementary • Williamston Middle • East End Elementary • Roanoke Middle
McDowell	<ul style="list-style-type: none"> • McDowell High • East McDowell Junior High • Nebo Elementary • Eastfield Elementary 	Nash-Rocky Mount	<ul style="list-style-type: none"> • D.S. Johnson Elementary • Williford Elementary • Nash Central Middle • Nash Central High
Pamlico (All schools in the county)	<ul style="list-style-type: none"> • Fred Anderson Elementary • Pamlico County Middle • Pamlico County High • Pamlico County Primary 	Person	<ul style="list-style-type: none"> • Northern Middle • Southern Middle • Person High

Attachment B: List of Selected Local Education Agencies and Schools

LEAs and Schools		LEAs and Schools	
Richmond	<ul style="list-style-type: none"> • Rohanen Primary • Ashley Chapel Elementary • Hoffman Elementary • Ellerbe Junior High 	Scotland	<ul style="list-style-type: none"> • Carver Middle • Sycamore Lane Middle • Laurel Hill Elementary • Wagram Primary • Spring Hill Middle • I.E. Johnson Elementary • North Laurinburg Elementary
Swain (All schools in the county)	<ul style="list-style-type: none"> • Swain High • Swain Middle • Swain East Elementary 	Vance (All schools in the county)	<ul style="list-style-type: none"> • L.B. Yancey Elementary • Henderson Middle • Southern Vance High • Pinkston Street Elementary • Eaton-Johnson Middle • Northern Vance High
Wayne	<ul style="list-style-type: none"> • Spring Creek Elementary • Spring Creek High • North Drive Elementary • Brogden Primary • Grantham School • Carver Elementary 		